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ABSTRACT

In response to Congressional requests, this report describes the extent of Hispanic American health and nutrition data available from federal sources. Oversampling of a minority group by a national survey is necessary for valid analysis of group characteristics. Among the four national health and nutrition surveys conducted by the Department of Health and Human Services and the Department of Agriculture, the National Health and Nutrition Examination Survey plans to oversample Mexican Americans, the largest Hispanic subgroup, in its current project, and completed a special regional survey of Hispanics in 1984. The National Medical Expenditures Survey will oversample Hispanics in general. The National Health Interview Survey and the Nationwide Food Consumption Survey currently have no such plans. The Vital Statistics Program's new birth and death registration forms include a Hispanic identifier. The states need not decide whether to use the form until 1989, but 23 states, the District of Columbia, and New York City already collect Hispanic natality and mortality data. All 13 of the Department of Agriculture's food assistance programs collect racial and ethnic data, but only four publish national Hispanic participation information. Appendices include a table showing state populations and perceptions of Hispanics, details of national health and nutrition data collection systems, descriptions of food assistance programs, and federal and state production costs for birth and death data tapes. (SV)

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Briefing Report to Congressional Requesters

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HEALTH AND NUTRITION

Collection of Vital Statistical Data on Hispanics

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United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-230485

March 18, 1988

The Honorable Mickey Leland
Chairman, Select Committee on Hunger

The Honorable Albert Bustamante
Chairman, Hispanic Caucus

The Honorable Tony Coelho
Majority Whip

House of Representatives

In your October 28, 1987, letter, you noted that while Hispanics are the second largest minority group in the United States, little is known about their nationwide health and nutrition status and needs or their participation in nutrition programs. Therefore, you requested information regarding the collection of health and nutrition data on Hispanics.

You were particularly interested in national health and nutrition data collected on Hispanics through four surveys: (1) the National Health and Nutrition Examination Survey III, (2) the National Health Interview Survey, (3) the National Medical Expenditures Survey, and (4) the Nationwide Food Consumption Survey. Interest was also expressed in Hispanic birth and death data collected from states under the Vital Statistics Program and data on Hispanic participation in the Department of Agriculture's food assistance programs.

Specifically, you wanted to know:

1. What possibilities exist for including an oversample of Hispanics under the four national health and nutrition surveys conducted by the Department of Health and Human Services and the Department of Agriculture? If a Hispanic oversample is not included, what are the reasons, and are there considerations for its inclusion?

2. Do the Vital Statistics Program's standard birth and death registration forms proposed for 1989 provide for the collection of Hispanic data? If so, what training exists for the use of the Hispanic identifier contained in the forms? How does the Vital Statistics Program operate--can it require states to use a Hispanic identifier?

3. Do data exist on Hispanic participation in Agriculture's food and nutrition programs? Are Hispanic data unavailable for programs in which racial information is available, and if so, why? What steps would be necessary to obtain Hispanic participation data for these programs if such data are not readily available?

Oversampling involves selecting more respondents from a targeted low-incidence group than are necessary for estimates of the entire sampled group of interest. It is a technique used to permit better estimates of minority groups that would otherwise be selected in too few numbers to allow separate valid analyses of their characteristics. The Health and Nutrition Examination and the Medical Expenditures surveys have arranged to oversample Hispanics in order to arrive at national estimates of the health and nutrition status of Hispanics. The Health Interview and the Food Consumption surveys do not oversample for Hispanics and have no plans to do so at this time, primarily due to the additional cost that would be incurred.

New standard birth and death registration forms have been developed for the Vital Statistics Program, under which birth and death information collected by the states is aggregated. These forms are for voluntary use by states beginning in 1989 and request identification of Hispanics. A Hispanic identifier was not included in the earlier standard forms. Instructions for the use of the Hispanic identifier are provided through Vital Statistics Program materials, such as training booklets and videos.

All 13 of the Department of Agriculture's Food and Nutrition Service food assistance programs collect racial and ethnic data on participants at the local level. Currently, however, national Hispanic participation information is provided in published reports for only four of the programs: (1) Food Stamps; (2) Special Supplemental Food Program for Women, Infants, and Children; (3) Needy Family Program on Indian Reservations and Trust Territories; and (4) Commodity Supplemental Food Program. According to program officials, three more programs have studies underway that will provide nationwide information on Hispanic participation. There was little nationwide information for Hispanic participation in the other six programs. Program officials indicated this was due partly to the lack of centrally compiled data about Hispanic participation in these programs, the added burden on local agencies in compiling existing ethnic data, and the absence of a demand for racial or ethnic data. In addition, because data are generally unavailable on the number of Hispanics eligible for these programs, it is both costly and

difficult to estimate possible nonparticipation by eligible Hispancics.

As your office requested, the draft report was discussed with cognizant officials of each of the surveys and food programs, and their comments were considered in finalizing the report. Because of the time constraints placed by your office for issuance of the report, it was not possible to provide a draft of this report to either the Department of Health and Human Services or the Department of Agriculture for review and comment.

As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from its issue date. At that time, we will send copies to the Secretary of Health and Human Services and the Secretary of Agriculture and will make copies available to others upon request.

Should you need additional information on the contents of this document, please call me on 275-5451.

Janet L. Shikles

Janet L. Shikles
Associate Director

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COLLECTION OF DATA ON HISPANICS' HEALTH AND NUTRITION STATUS AND PARTICIPATION IN NUTRITION PROGRAMS

BACKGROUND

Hispanics are the second largest and fastest growing minority group in the United States today. The 1980 Census set the Hispanic portion of the U.S. population at 6.45 percent, or 14.6 million people. According to Census Bureau projections, the Hispanic portion of the population is expected to increase to 9.4 percent, or about 25 million people, by the year 2000.

The three main Hispanic subgroups in the United States are: Mexican Americans (59.8 percent of all Hispanics in the 1980 Census), who are concentrated in California and the Southwest; Puerto Ricans (13.8 percent), who are concentrated in New York and New Jersey; and Cuban Americans (5.5 percent), who are located primarily in Florida. (App. I shows the Hispanic population for each state.) Research has shown that the health status of these Hispanic subgroups varies significantly and that sometimes these groups differ from one another more than they differ from the general population.

Data Collection Systems and Food Assistance Programs

Three of the nationwide health and nutrition data collection systems, the Health and Nutrition Examination Survey III, the Health Interview Survey, and the Medical Expenditures Survey, are operated by the Department of Health and Human Services. The Nationwide Food Consumption Survey is conducted by the Department of Agriculture. The Vital Statistics Program is also operated by the Department of Health and Human Services. These systems are briefly described below. (A summary chart showing each system's mandate, objective, users, estimated cost, projectable populations from its sample, data collection aspects specific to Hispanics, survey period, and data availability is included in app. II.)

National Health and Nutrition Examination Survey III, conducted by the Department of Health and Human Services' National Center for Health Statistics and currently in pretest, will be undertaken as a 6-year study, from 1988-93, to provide critical data on the health and nutritional status of the U.S. population. Two other Health and Nutrition Examination surveys have been completed since 1970. The survey includes extensive medical and nutritional examinations, which allow the discovery of undiagnosed and nonmanifest diseases and an understanding of the nutritional qualities of people's diets. The data will be used to

estimate the prevalence of various diseases and elucidate the mechanisms of disease development.

In addition to these surveys, from 1982-84 a special survey of Hispanics was done using the Health and Nutrition Examination Survey methodology in the geographic areas of the country where most of the Hispanic population is concentrated. Although this survey was not national in scope, it covered about 76 percent of the 1980 Hispanic population in the United States.

National Health Interview Survey, also directed by the National Center for Health Statistics, is carried out annually and consists of two parts: a general health part that remains relatively unchanged from year to year and a special studies part that focuses on a number of topics of interest (usually to a cosponsoring agency) that vary from year to year. Special topics for fiscal year 1988 include alcohol consumption, AIDS knowledge and attitudes, medical device implants, occupational health, and child health. The survey is designed to address major national health issues and can be used to assess the prevalence, distribution, and effects of illness and disability in the United States and the services rendered for these.

National Medical Expenditures Survey, conducted by the Department of Health and Human Services' National Center for Health Services Research and Health Care Technology, is done every 8-10 years. The current survey was begun in 1986 and will be completed in 1989. Its goal is to obtain and analyze information on health care costs across the nation. Both the previous and current surveys are used to address questions on the kinds and amounts of health care used, their cost, how they are financed, and the implications of changes in health policies on all these.

Nationwide Food Consumption Survey is the seventh in a series of surveys. It is conducted every 10 years by Agriculture's Human Nutrition Information Service to assess the nutritional content of diets for policy-making on food assistance, nutrition education, food production and marketing, and food safety. Data are collected on the general population and on low-income groups, both for individuals and households. The current survey is being conducted over a 12-month period that began in April 1987.

The Vital Statistics Program is administered by the National Center for Health Statistics' Division of Vital Statistics, which

aggregates vital information--such as births, deaths, fetal deaths, marriages, and divorces--collected by the states. Under the program, federal program staff and state officials work together to produce updated standard data collection forms every 10 years. This year a new form has been proposed for adoption in 1989 by interested states.

Agriculture's Food and Nutrition Service Programs offer, in cooperation with state and local governments, food assistance and nutritional education for those in need. These programs were created to improve the nutrition of low-income households, improve nutritional knowledge, reduce food supply surpluses, and help strengthen the agricultural markets for products produced by American farmers. Eligibility requirements for each program vary, but usually include income and family size and sometimes nutritional or health need. (Descriptions of the food assistance programs are provided in app. III.)

OBJECTIVES, SCOPE, and METHODOLOGY

We examined the sampling plans for each of the most recent surveys to determine if they included an oversample of Hispanics that would permit national estimates of their health and nutrition status. We examined the Health and Nutrition Examination Survey for 1988-93, the Health Interview Survey for 1988, the Medical Expenditures Survey for 1986-89, and the Nationwide Food Consumption Survey for 1987-88. If the survey did not include an oversample of Hispanics, we asked survey officials why it did not, what considerations had been given to possible oversampling, and whether future plans for the survey included oversampling.

Regarding the Vital Statistics Program, we reviewed legislation to determine the program's mandates and guidelines for working with the states. We reviewed the proposed 1989 standard registration forms for birth and death, determined what training was planned for the use of the new standard forms, and identified which states currently collect Hispanic data.

We also identified the Food and Nutrition Service programs that collect and report ethnic or racial data on participants and ascertained, through discussions with Service officials, why some programs did not publish ethnic and racial data and what steps would be necessary for these programs to provide data on Hispanics.

Our review was done during December 1987 and January 1988 in accordance with generally accepted government auditing standards.

HISPANIC OVERSAMPLES IN NATIONAL HEALTH AND NUTRITION SURVEYS

Until recently, the sampling plans of the four national surveys included too few members of minority groups to allow separate national estimates of their health or nutritional condition. One solution used to overcome this lack of data, which occurs when attempting to focus on small minority groups, has been to oversample.

The current sampling plans for two of the four national health and nutrition data collection surveys call for oversampling Hispanics in order to arrive at national estimates of their health and nutrition status. These are the larger and more complex surveys, the Health and Nutrition Examination Survey and the Medical Expenditures Survey. The Health and Nutrition Examination Survey plans to sample a sufficient number of Mexican Americans--the largest Hispanic subgroup--to arrive at national estimates for that subgroup. The survey director told us that funding constraints have precluded oversampling the total Hispanic population. The Medical Expenditures Survey will include national estimates of Hispanics in general and, possibly, estimates of the three main Hispanic subgroups: Mexican Americans, Puerto Ricans, and Cuban Americans.

Since 1985, the Health Interview Survey has oversampled blacks in order to increase the precision of related estimates. This survey, however, does not include a Hispanic oversample, and the Nationwide Food Consumption Survey does not oversample any minority group, primarily due to additional cost. (The Health Interview Survey did a partial oversample of Hispanics in its 1987 special topic segment on cancer.) Both surveys collect ethnic data, but do not make nationwide estimates of the Hispanic population in any one year because the survey samples do not include enough Hispanics to allow such estimates.

Although Health Interview Survey officials could not estimate how much a Hispanic oversample would cost, they said it would be a considerable amount, since it would require (1) a change in sampling strategy related to geographic dispersion because Hispanics are geographically concentrated and (2) a large increase in the number of households screened because there are relatively few Hispanics.

The Health Interview Survey director indicated that the entire sampling strategy will be open to review in the next few years and anticipated that oversampling of Hispanics would be a topic of consideration. The sampling strategy is usually reviewed only every 10 years to encourage continuity with the results of previous years. The last change in sampling strategy was implemented in 1985. The director pointed out, however, that the current sampling strategy does not eliminate the possibility

of nationwide estimates other than those made on 1 year's data because it allows for the combination of several years' data on Hispanics to arrive at sufficient numbers for a nationwide estimate. The sampling strategy also provides a capability for follow-ups on respondents of interest in the years after their participation in the survey.

The Nationwide Food Consumption Survey director cited cost as the main barrier for not adding an oversample of Hispanics to the survey. He estimated that screening and interviewing additional households for a Hispanic oversample might add $3 million to the $6 million cost of the survey. Also, the director pointed out that by law the survey was required to include only low-income people, not specific minority groups. The Food Security Act of 1985 mandated that "the Secretary of Agriculture shall, in conducting . . . any nationwide food consumption survey, include a sample that is representative of low-income individuals . . . ." The director believes this coverage of low-income people addresses nutritional problems in minority groups with a high incidence of poverty, even if the particular minorities are not singled out.

Neither the Health Interview nor the Food Consumption survey has any plans for including an oversample of Hispanics, and survey officials pointed out that their primary users have not expressed a need for such an oversample. The primary users of the Health Interview Survey are federal health agencies; for the Food Consumption Survey, Department of Agriculture food and nutrition agencies are the primary users. According to the directors of the two surveys, a Hispanic oversample could be added to the surveys if sufficient interest and funding were available. The four national surveys have review processes that are open to the public for suggestions on inclusion of items. These suggestions are reviewed by program staff and various scientific and agency committees for scientific merit, feasibility, and other factors before final decisions are made.

PROPOSED VITAL STATISTICS STANDARD FORMS INCLUDE HISPANIC IDENTIFIER

The Vital Statistics Program's new standard birth and death registration data collection forms include an item requesting Hispanic identity. These forms also provide for the collection of Hispanic subgroup data on Mexicans, Puerto Ricans, Cubans, and other subgroups.

States are not required to use the standard registration forms. However, federal program officials have worked with the states to explain their need for data requested in the standard forms and have provided various training materials and technical assistance to help in the use of the forms.

In 1987, Vital Statistics Program staff discussed the new forms at the annual meeting of the Association for Vital Records and Health Statistics attended by state registrars, who are responsible for data collection at the state level. Program staff also participated in annual Vital Statistics Cooperative Program workshops held for all participating state officials in three regional locations in 1987.

Additionally, in 1987, program staff distributed booklets to states for use in training funeral home directors, medical staff, and others who will fill out the forms. According to program officials, training videos will be distributed to the states in 1988. Both the booklets and the videos emphasize the importance of collecting data on Hispanics and indicate the usefulness of these data for national planning for their needs. States can also obtain telephone assistance from program staff in completing and processing the forms for data tape production.

States normally collect birth and death information for their own use and then provide a data tape with such information to the Division of Vital Statistics. To offset the cost of producing the data tapes, states are provided federal funds through the Vital Statistics Program. The amount of federal funding states receive is determined by a formula that considers state population and costs relevant to the production of data tapes and staff training. Program funding covers about one-third of the state cost to produce the tapes. In fiscal year 1987, funding ranged from $759,438 in a very populous state to $55,634 in a less populous state. (App. IV shows the funds provided to each state by the Vital Statistics Program and state costs related to data tape production.)

Because the new standard forms were distributed in 1987 and do not need to be adopted until 1989, the states are still deciding whether to use the forms. The chief of the Vital Statistic Program's Registration Methods Branch said that it was too early to arrive at a complete count of the states that will use the forms. Nevertheless, he said that most states have indicated their intention to adopt a form that would be consistent with the standard forms. In 1987, 23 states, the District of Columbia, and New York City had collected Hispanic natality and mortality data for their own needs before a federal need was expressed, and the chief expected an additional 10 states to collect such information in 1989. (The states that collected Hispanic information in 1987 are listed in app. I.)

AVAILABILITY OF DATA ON HISPANIC PARTICIPATION IN DEPARTMENT OF AGRICULTURE FOOD ASSISTANCE PROGRAMS

The Food and Nutrition Service collects racial and ethnic data for its food assistance programs in order to ensure

compliance with the Civil Rights Act of 1964. Such data are usually collected at the local levels and have not always been aggregated on a nationwide basis. According to the director of the Food and Nutrition Service's Civil Rights Office, the data are periodically reviewed to assure that civil rights goals are met.

Of the 13 food assistance programs, 4 have produced national data on Hispanic participation: Food Stamps (12 percent of participants are Hispanic); Special Supplemental Food Program for Women, Infants, and Children (20 percent); Commodity Supplemental Food Program (12 percent); and Needy Family Program on Indian Reservations and Trust Territories (1 percent). According to Food and Nutrition Service officials, three more programs have studies underway on nationwide participation that will aggregate Hispanic data. These could be available during the next year. The other six programs do not have data available and studies are not planned to compile participation data.

Service officials indicated that creation of estimates on the number of potentially eligible people who could participate in the various programs would be costly and time consuming because they would probably require the collection of new data. No data base exists that contains data in the same form as the varying eligibility requirements for the 13 food programs. For example, some programs use health needs as well as income to determine eligibility. While this type of information might be available from several data sources, there are no precise counts available of those who match the various eligibility requirements. These estimates are only as reliable as the assumptions and data bases on which they are based.

Two of the 13 programs have developed estimates of the number of potentially eligible people who could participate in the programs. The Food Stamp program, the largest food assistance program, has used Census Bureau data to arrive at rough estimates of the general eligible population who might participate in the program. But this program has not estimated the number of members of racial or ethnic groups that are potentially eligible.

A study was completed in July 1987 that estimated both general eligibility and racial or ethnic eligibility for the Special Supplemental Food Program for Women, Infants, and Children. The study used several data bases to match the complicated program eligibility requirements and cost $400,000. There are three facets to eligibility in the program: participants must be (1) pregnant, breastfeeding, or postpartum women, or infants and children up to their fifth birthday; (2) of low income, with earnings that do not exceed 185 percent of the federal poverty level (states can set lower limits); and (3) at risk that is either medically or nutritionally based. The study

used all three criteria to estimate the number of people potentially eligible for the program. The study drew on data from several sources: a special analysis of the 1980 Census data, an earlier National Health and Nutrition Examination Survey, the 1980 National Natality/Fetal Mortality Survey, and state-level vital statistics.

A key finding of the study published in its first report was that of the estimated 7.5 million people in the general population potentially eligible to participate in the program, an estimated 40 percent participated in fiscal year 1984. According to Food and Nutrition Service officials, data on the estimated number of potentially eligible Hispanics, along with their participation in the program, will be published in another report soon. The Food and Nutrition Service has no plans for further studies on program participation or potential eligibility.

APPENDIX I

TOTAL STATE POPULATIONS AND PERCENTAGE OF HISPANICS[a]

	Total population	Percentage of Hispanic origin	Hispanics identified on birth and death certificates in 1987[b]
Alabama	3,893,888	0.86	-
Alaska	401,851	2.37	-
Arizona	2,718,215	16.21	Yes
Arkansas	2,286,435	0.78	Yes
California	23,667,902	19.20	Yes
Colorado	2,889,964	11.76	Yes
Connecticut	3,107,576	4.01	-
Delaware	638,333	2.77	-
D.C.	594,338	1.63	Yes
Florida	9,746,324	8.80	Yes[c]
Georgia	5,463,105	1.12	Yes
Hawaii	964,691	7.39	Yes
Idaho	943,935	3.88	-
Illinois	11,426,518	5.56	Yes
Indiana	5,490,224	1.59	Yes
Iowa	2,913,808	0.88	-
Kansas	2,363,679	2.68	Yes
Kentucky	3,660,777	0.75	-
Louisiana	4,205,900	2.36	-
Maine	1,124,660	0.45	Yes
Maryland	4,216,975	1.54	-
Massachusetts	5,737,037	2.46	-
Michigan	9,262,078	1.75	-
Minnesota	4,075,970	0.79	-
Mississippi	2,520,638	0.98	Yes
Missouri	4,916,686	1.05	-
Montana	786,690	1.27	-
Nebraska	1,569,825	1.79	Yes
Nevada	800,493	6.73	Yes
New Hampshire	920,610	0.61	-
New Jersey	7,364,823	6.68	Yes
New Mexico	1,302,894	36.63	Yes
New York	17,558,072	9.45	Yes
North Carolina	5,881,766	0.96	-
North Dakota	652,717	0.60	Yes
Ohio	10,797,630	1.11	Yes
Oklahoma	3,025,290	1.90	-
Oregon	2,633,105	2.50	-
Pennsylvania	11,863,895	1.30	-
Rhode Island	947,154	2.08	-

	Total population	Percentage of Hispanic origin	Hispanics identified on birth and death certificates in 1987[b]
South Carolina	3,121,820	1.07	-
South Dakota	690,768	0.58	-
Tennessee	4,591,120	0.74	Yes
Texas	14,229,191	20.98	Yes
Utah	1,461,037	4.13	Yes
Vermont	511,456	0.65	-
Virginia	5,346,818	1.49	-
Washington	4,132,156	2.90	-
West Virginia	1,949,644	0.65	-
Wisconsin	4,705,767	1.34	-
Wyoming	469,557	5.22	Yes

[a]Data from the 1980 U.S. Census.

[b]Data from the chief, Registration Methods Branch of the Vital Statistics Program run by the National Center for Health Statistics.

[c]Florida collects Hispanic birth data but not death data.

NATIONAL HEALTH AND NUTRITION DATA COLLECTION SYSTEMS

	Legislative authorization[a]	Key objectives	Primary users	Total estimated costs[b]
National Health and Nutrition Examination Survey III	National Health Survey Act of 1956	Provide critical data on the health and nutrition status of the U.S. population	-Public health agencies -Agencies that cosponsor collection of data -Private sector researchers, such as academics	-Estimate unavailable because sample not finalized
Hispanic Health and Nutrition Examination Survey	National Health Survey Act of 1956	Obtain data on health and nutrition of Hispanics	-Public health agencies, especially those covering diseases that may be ethnically related -Private sector researchers, such as academics	$34 million

APPENDIX II

Possible population projections	Data collection techniques for Hispanics	Survey or data collection period	Data availability
Entire U.S. population, blacks, Mexican Americans	-Use bilingual interviewers and staff -Use Spanish translation -Use staff specially trained in Hispanic diet for nutrition aspects of the survey	6-year study from 1988-93	-Tapes will be sold, and donated to schools of public health -National Center for Health Statistics publishes results in Vital and Health Statistics Series II and in journal articles
For specific geographic areas, all Hispanics, plus subgroups: -Mexican, -Puerto Rican, and -Cuban	-Used bilingual interviewers and medical staff -Used Spanish translation of survey -Used interviewers specially trained in nutrition of Hispanic diet and medical staff trained in rudimentary Spanish	Data collection 1982 to 1984	-Data tapes available through sales and donated to researchers -10 of 18 data tapes are now available -Bibliography available of products to date

APPENDIX II

	Legislative authorization[a]	Key objectives	Primary users	Total estimated costs[b]
National Health Interview Survey	National Health Survey Act of 1956	Collect data on major national health issues	-Federal health agencies, especially collaborating agencies for topics -Market researchers -Schools of public health	$10.3 million
National Medical Expenditures Survey	General authorities of the Assistant Secretary of Health	Obtain and analyze data on health care costs for U.S.: (1) Households and (2) Institutions	-Congress -Federal public public health agencies -Health professionals -Insurance Cos. -Private sector researchers -Treasury -OMB, OTA, CBO -GAO	$55 million

APPENDIX II

Possible population projections	Data collection techniques for Hispanics	Survey or data collection period	Data availability
Entire U.S., blacks since 1985	-Use experienced Census staff for data collection -Use bilingual household members to translate Spanish for respondents	Data collected continuously during each year since 1957	-Data tapes sold -National Center for for Health Statistics publishes results in various sources, including Vital and Health Statistics Series 10
Entire U.S., blacks, and, in the household component only, Hispanics and possibly subgroups: -Mexican, -Puerto Rican, and -Cuban	-Use bilingual interviewers when requested by respondents	-Began in 1986, all data collection planned to be complete by 1989	-Data tapes available through sales -Many analyses planned, but survey staff open to requests for special analyses

	Legislative authorization[a]	Key objectives	Primary users	Total estimated costs[b]
Vital Statistics Program	Health Services Research and Evaluation and Health Statistics Act of 1974	Provide national statistics on births, deaths, fetal deaths, marriages, and divorces (from state data)	-Federal agencies -Private sector researchers -Social welfare agencies -Private businesses -Actuarial groups	$10 million for 1989
Nationwide Food Consumption survey	Food Agriculture Act of 1977	Nationwide study of food consumption to asses nutritional content of diets for policy-making on food production and marking, food safety and food assistance, and nutrition education	-Related federal agencies -Private sector researchers -Private businesses	$6 million (to add oversample of Hispanics would cost an additional $3 million)

[a]Legislative citations provided by data system staff.

[b]Estimated costs were based on information provided by survey and program directors.

APPENDIX II

Possible population projections	Data collection techniques for Hispanics	Survey or data collection period	Data availability
Entire U.S., and in 1989, Hispanics plus subgroups: -Mexican, -Puerto Rican, and -Cuban	Encourage state cooperation through: -booklets -videos -workshops -state visits -visit to state registrars' annual conference -Technical assistance -Federal funds to buy state data tapes	Data collected from states annually	-Data & tapes available in 1-1/2 years, published reports in 3 years from end of calendar year
Entire U.S., plus: -Low-income	-Use bilingual interviewers in certain areas (such as Texas)	Current survey 4/87 to 3/88	-Data tapes sold -Many analyses funded by NFCS are done extramurally

DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE PROGRAMS

The Food and Nutrition Service operates food assistance programs for those in need in cooperation with the states and local governments. Descriptions of the 13 programs follow.

THE FOOD STAMP PROGRAM

Through a cooperative system, federal, state, and local governments issue food stamps in order to supplement the food buying power of low-income households and thereby improve their nutritional status. The program is administered nationally by the Food and Nutrition Service and covers all states. United States citizens and legal aliens are eligible if they meet household income and asset requirements, meet work requirements, and have a social security number. The elderly and disabled are permitted certain eligibility exceptions.

The current Food Stamp program originated in 1964 and expanded nationwide in 1974. Participation peaks in periods of high unemployment, inflation, and recession. In 1987, an average of 19.1 million people participated in the program per month, at a cost of $11.7 billion.

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

The Special Supplemental Food Program for Women, Infants, and Children is administered by the Food and Nutrition Service to provide supplemental foods and nutrition education through local agencies to low-income pregnant, postpartum, and breastfeeding women, and infants and children up to 5 years of age. To be eligible, these people must meet income requirements, be determined to be at nutritional risk through a medical examination by health professionals, and reside in an approved grant project area. Supplemental foods, such as infant formula, eggs, cheese, and milk, are distributed directly to participants. If a local agency reaches its maximum participation level, it then fills vacancies with those applicants at greatest nutritional risk.

The Special Supplemental Food Program for Women, Infants, and Children began in 1972 and operated at a cost of $1.7 billion in fiscal year 1987, when average monthly participation was 3.4 million people.

COMMODITY SUPPLEMENTAL FOOD PROGRAM

The Commodity Supplemental Food Program is a state grant program administered by the Food and Nutrition Service to provide supplemental foods to low-income pregnant, postpartum, and breastfeeding women, infants and children up to 6 years of age, and the elderly. In some of the 12 states participating, eligible persons must also be determined to be at nutritional risk. Although the Special Supplemental Program for Women, Infants, and Children and the Commodity Supplemental Food Program may operate in the same area, individuals may not participate in both programs.

The program was established in 1969. The program operated at a cost of $55 million in fiscal year 1987, serving an average of 190,000 people per month.

NEEDY FAMILY PROGRAM ON INDIAN RESERVATIONS AND TRUST TERRITORIES

The Department of Agriculture provides food products to households on Indian reservations and to Native Americans residing in the Trust Territories of the Pacific Islands.

The Department purchased food for this program at a cost of $64 million in fiscal year 1987, and an average of 150,000 people per month participated.

COMMODITIES FOR CHARITABLE INSTITUTIONS

Provides available commodities for meal service to soup kitchens and other charitable institutions. The federal cost in fiscal year 1987 was $158 million.

TEMPORARY EMERGENCY FOOD ASSISTANCE PROGRAM

Surplus commodities are distributed by the Department of Agriculture to the states under the Temporary Emergency Food Assistance Program to help improve the nutritional status of those in need, as well as to help reduce inventories and storage costs. The states receive the surplus food based on the number of people unemployed and the number of people below the poverty level. The states then distribute the food through local institutions, which must require a demonstration of economic need from participants.

The Temporary Emergency Food Assistance Program began in 1981. From 1981 through September 1987, 4.5 billion pounds of commodities have been distributed (cheese, butter, dry milk, honey, flour, corn meal, and rice) with a value of $4.8 billion.

NATIONAL SCHOOL LUNCH PROGRAM

The National School Lunch Program is the largest child nutrition program run by the Food and Nutrition Service. Through it, states receive reimbursement for their public, private (if tuition does not exceed limits), and institutional school lunch programs if these schools meet requirements. The schools must serve lunches that meet Department of Agriculture nutritional standards, provide free and reduced price lunches to the needy (based on income and family size) without discrimination or identification, and operate their food service on a nonprofit basis.

The program subsidizes 24 million lunches each school day in 90,000 participating schools. Federal funding for fiscal year 1987 was $3.7 billion.

SCHOOL BREAKFAST PROGRAM

The School Breakfast Program is also intended to improve the nutrition and dietary practices of children from low-income families through school-sponsored meals. Schools and institutions participating in the program must serve breakfasts that meet Department of Agriculture nutritional standards and must serve children who meet eligibility standards based on income and family size.

The program began in 1966. It served an average 3.6 million children per day in fiscal year 1987 at a total cost of $458 million.

SPECIAL MILK PROGRAM

The Special Milk Program is designed to encourage consumption of milk by school children. Schools, if they do not participate in other Food and Nutrition Service meal service programs, may decide to offer paid milk or free milk, for which children must meet family size and income requirements. The program reimburses the schools for the full cost of the milk distributed without charge, and part of the paid milk costs.

The Special Milk Program was established in 1954, when funds from the Commodity Credit Corporation were permitted to be used to pay for milk. In fiscal year 1987, the federal cost for the milk purchased was $15 million.

CHILD CARE FOOD PROGRAM

The Child Care Food Program provides funds and foods donated by the Department of Agriculture to child care facilities to serve nutritious meals and snacks. Child care providers are eligible if they receive compensation for child care under title XX of the Social Security Act for at least 25 percent of the children in attendance. Also eligible are Head Start programs, settlement houses, and recreation centers. Whether the meals are free to the children or not depends on their family income. Family Day Care Homes are also eligible, but only the children of the provider of the child care need to meet an income criteria. Meals in this case are partially reimbursed.

The Child Care Food Program was authorized in 1978 (after it piloted in 1968 and operated in the interim). Program costs in fiscal year 1987 were $548 million, with an average of 1.2 million children participating each day.

SUMMER FOOD SERVICE PROGRAM

The Summer Food Service Program funds meals and snacks for children in economically depressed areas when school is not in session. Any child up to age 18 may participate, except at residential camps, where participation is restricted to children eligible for free and reduced-price meals.

Until 1975, the Summer Food Service Program was part of the Special Food Service Program for Children. At that time it was established as a separate program. In fiscal year 1987, program costs were $130 million, with 1.6 million children participating per day in the peak summer month.

NUTRITION PROGRAM FOR THE ELDERLY

This nutrition program supplements the Department of Health and Human Services' elderly programs with cash and commodities for meals. Meals are served either in homes or in senior citizen centers or other elderly program settings. In fiscal year 1987, an average of 900,000 people received meals daily at a cost of $139 million.

APPENDIX III

PUERTO RICO NUTRITION ASSISTANCE PROGRAM

Beginning in July 1982, this program replaced the Food Stamp Program in Puerto Rico with funds provided to Puerto Rico to operate its own food assistance program targeted to needy households. In fiscal year 1987, the federal cost was $853 million, with an average 1.5 million people participating each month.

FEDERAL SHARE OF COSTS TO PRODUCE TAPES ON BIRTH AND DEATH DATA FOR THE VITAL STATISTICS PROGRAM IN FISCAL YEAR 1987

States, territories, and cities	Data tape production costs	
	Federal share of state costs	State costs[a]
Alabama	$136,643	$406,954
Alaska	101,075	300,549
Arizona	113,039	336,137
Arkansas	93,000	276,036
California	759,438	2,275,534
Colorado	176,450	526,147
Connecticut	134,982	401,310
Delaware	56,251	165,780
District of Columbia	69,253	204,403
Florida	323,001	967,106
Georgia	167,978	501,508
Hawaii	87,898	206,008
Idaho	74,497	221,279
Illinois	301,746	901,472
Indiana	127,757	379,455
Iowa	114,706	340,658
Kansas	119,471	355,494
Kentucky	86,617	256,808
Louisiana	102,221	304,201
Maine	95,554	283,262
Maryland	123,248	366,407
Massachusetts	219,074	654,032
Michigan	305,960	914,115
Minnesota	152,711	454,808
Mississippi	105,967	315,255
Missouri	186,106	555,360
Montana	92,419	274,270
Nebraska	111,879	332,416
Nevada	103,442	307,972
New Hampshire	74,895	221,363
New Jersey	167,977	500,871
New Mexico	92,907	276,033
New York	436,487	1,305,978
North Carolina	179,574	536,114
North Dakota	73,706	217,886
Ohio	263,243	786,553
Oklahoma	118,258	352,447
Oregon	119,590	356,788

APPENDIX IV

States, territories, and cities	Data tape production costs: Federal share of state costs	Data tape production costs: State costs[a]
Pennsylvania	311,177	930,608
Rhode Island	91,466	271,279
South Carolina	173,749	518,885
South Dakota	55,634	164,114
Tennessee	150,848	449,599
Texas	395,181	1,184,027
Utah	102,423	304,165
Vermont	89,094	264,054
Virginia	224,628	671,199
Washington	132,505	396,009
West Virginia	77,076	228,356
Wisconsin	192,939	575,199
Wyoming	69,987	206,606
Puerto Rico	60,390	178,463
Virgin Islands	37,837	110,672
New York City	275,754	824,330
Total	$8,609,708	$25,670,334

[a]The National Center for Health Statistics Vital Statistics Program enters into a contract with the states and other registration areas for the production of data tapes providing birth and death data. The program determines funding by the use of a formula that covers about one-third of state costs incurred in the production of the data tapes.

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